

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 308194	RECEIPT DATE:	05 / 12 / 99
IA NUMBER:	PCT/ CA97 / 00865	IA FILING DATE:	11 / 12 / 97
FAMILY NAME:	VOUDOURIS	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	JOHN C	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	11 / 12 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	24300/249	COUNTRY:	CAX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	
NAME:	KENYON & KENYON		
STREET:	ONE BROADWAY		
CITY:	NEW YORK		
STATE/COUNTRY:	NY	ZIP:	10004
EMAIL:			
APPLICATION TITLES:			
	ORTHODONTIC BRACKET		

TAB TO LAST POSITION,PUSH SEND